



Multiple Pregnancy

Patient Information Leaflet



Living our values *everyday*



Introduction and philosophy of care

Congratulations on your pregnancy and welcome to the Maternity Unit at Kingston Hospital. Our aim is to provide you with the highest standard of antenatal care, support, information and advice from our team of doctors, midwives and sonographers.

Different types of multiple pregnancies

At your early scan (before 14 weeks of pregnancy) the sonographers will check to see if you are expecting monochorionic twins (where the babies share the same placenta) or dichorionic twins (where the babies have separate placentas). This will then determine the type of care you receive; women who have monochorionic twins who usually have their care coordinated through the Fetal Medicine Antenatal Clinic. Women who are expecting triplets may have care with different consultants but usually in liaison with our Fetal Medicine consultants.

Antenatal visits

You will be offered regular appointments with our team of doctors, midwives and sonographers. Your initial visit will usually be at around 8-10 weeks with a midwife and this is called your antenatal booking. At each subsequent antenatal visit you can expect to have your blood pressure and urine checked to ensure that you are not showing any signs of pre-eclampsia. Pre-eclampsia is a condition specific to pregnancy which occurs slightly more frequently in multiple pregnancy. It causes high blood pressure and protein in your urine and if it occurs then you may need to have your babies earlier than planned.

You will also receive your routine blood tests during the pregnancy. In addition, antenatal visits are an opportunity to talk to a midwife or doctor about how your pregnancy is progressing and to answer any questions you may have.

Appointments are usually arranged at 16, 20, 24, 28, 30, 32, 34 and 36 weeks with the doctors and/or midwife. If further appointments are necessary these will be arranged according to your individual needs.

Ultrasound Scans

Ultrasound scanning in pregnancy enables us to monitor the wellbeing of your babies. At 11-13 weeks you will be offered screening for anomalies such as Down Syndrome (which includes a scan and a blood test). Between 18-21 weeks an anomaly scan is offered where the anatomy of your babies is checked in more detail. In addition to these routine scans, additional scans are arranged in multiple pregnancy. All further scans are to monitor the growth of your babies, and the amount of fluid around the babies, which gives an indication of placental function and fetal wellbeing. Problems with placental function leading to one or both babies being small (also called IUGR: Intrauterine Growth Restriction) is more common in multiple pregnancy.

- **Dichorionic** twins will be offered scans at: 11-13 weeks, 20, 24, 28, 32 and 36 weeks.
- **Monochorionic** twins will be offered scans at: 11-13 weeks, 16,18,20,22,24,28,32, and 34 weeks. These additional scans are arranged to check for signs of complications that only occur in monochorionic twins.

Triplet pregnancies will have scans arranged on an individual basis but will usually be at intervals of between 2 and 4 weeks apart from 20 weeks.

Twin-to-Twin Transfusion Syndrome (TTTS)

TTTS only occurs in Monochorionic twins (and in triplet pregnancies in which two of the triplets share a placenta). TTTS occurs in around 10-15% of monochorionic twins and is a condition caused by shared blood vessels in the placenta (often referred to as 'anastomoses'). This can lead to an imbalance in the blood circulation from one twin to the other. TTTS is a serious condition as it can severely affect the health of both babies. For this reason all monochorionic twin pregnancies are screened for TTTS at every scan, in addition to routine growth and placental function checks. It is for this reason that if you are expecting monochorionic twins you will be scanned more frequently. It is possible that TTTS can appear in between your scans and therefore if you notice sudden growth of your abdomen, a reduction in your babies movements or sudden change in their pattern, or you begin experiencing any kind of contractions between your hospital appointments you should call us straight away so we can ensure you are reviewed by a doctor (see the phone numbers at the end of the leaflet).

Neonatal unit

Our aim at Kingston Hospital is for all mothers and babies to receive the best possible care and treatment. Multiple pregnancies do carry a higher risk of premature birth, either due to labour starting early, or due to other complications such as pre-eclampsia. Your doctor and midwife will discuss what steps could be taken to reduce the risk of such problems. The neonatal unit at Kingston Hospital is able

to provide intensive and high dependency care for small and premature babies from around 27 weeks. Whilst we aim to keep babies at Kingston Hospital for mothers who are booked here, this may not always be possible if our cots are being used for other babies who need this high level care. Similarly, if we anticipated the birth of the babies before 27 weeks we would need to consider transfer of the mother (or her baby/ies) to another hospital for high level specialised care. We would usually aim to do this within the South West London neonatal network, but occasionally transfer further afield is necessary.

Health in your pregnancy

During your routine care we will discuss the best ways for you to remain healthy in your pregnancy. This will include health advice on diet and exercise. You should aim to keep a well balanced diet and in particular aim for good intake of iron, calcium and vitamin D. Pregnancy supplements will be discussed with you to make sure that you do not develop anaemia, a condition common to all pregnancies but more frequent in multiple pregnancy.

Antenatal classes

We run classes specifically for parents expecting twins and triplets, and you will be offered these classes as part of your routine care. We suggest that you attend around your 28th week of pregnancy. The class cover options for birth, both vaginal birth and caesarean birth, pain relief, and postnatal care for mum and baby.

We would also recommend you attending a breastfeeding workshop that is organised in Kingston Hospital. It is the best way you can prepare yourself for feeding your babies.

Birth planning

Once you have attended your classes we will discuss your birth plan with you. This is usually done at around 32 weeks. A birth plan is a brief description of your preferences surrounding the birth, such as are you planning a vaginal birth or caesarean section, do you wish to breastfeed immediately after the birth, and so on. The mode and suggested timing of your delivery will be discussed further with one of the doctors no later than 34-36 weeks (depending on the type of twins). However, for most women pregnant with monochorionic twins, delivery by caesarean section is recommended. For triplets, delivery by caesarean section would usually be recommended.

When a vaginal twin delivery is planned, we would recommend that this takes place on the main delivery suite, and close monitoring of the fetal hearts during labour with electronic heart rate monitoring or 'CTG

Timing of birth

If your pregnancy has been without complications, we would normally offer a planned birth from the following times depending on your pregnancy and whether you're having twins or triplets:

- 37 weeks if you are carrying dichorionic twins (where both babies have separate placentas)
- 36 weeks if you are carrying monochorionic twins (where the babies share a placenta)
- 35 weeks if you are carrying triplets.

Continuing your pregnancy for longer may increase your risk of complications, such as harm to the babies (including stillbirth).

Your doctor or midwife should explain all the risks and benefits of the possible options when planning your delivery.

If you are having a planned Caesarean section for triplets at 35 weeks or for monochorionic twins at 36 weeks, you will be offered a course of steroids (usually given by injection) before your delivery. Steroids help to mature the lungs of premature babies, and reduce breathing problems after they are born.

Postnatal Care

Having twins or triplets might mean that you will need to stay in the hospital for a bit longer to ensure feeding is established prior to going home. Our Infant Feeding Team and midwives will assist you with establishing feeding and caring for your babies.

The day after you leave the hospital you will be visited by one of the community midwives at home. They will provide you with information and support you may need for your recovery after the birth and newborn care. You will be able to discuss your future visits according to your specific needs with the Community Team.

Documentation and grants

In multiple pregnancy you have the same entitlements as any pregnant woman. Your midwife will provide you with relevant paperwork such as your MATB1 form (for employers to provide your statutory maternity pay), and any other benefits you may be entitled to. Most of this paperwork can only be given when you are over 25 weeks of pregnancy.

Support groups and other useful contacts

TAMBA (Twins and Multiple Births Association)

www.tamba.org.uk

0800 138 0509

MBF (Multiple Births Foundation)

www.multiplebirths.org.uk

0208 383 3519

National Institute for Health and Clinical Excellence

<http://publications.nice.org.uk/ifp129>

Kingston Hospital NHS Foundation Trust cannot accept responsibility for information provided by other organisations.

Contact details

Kingston Hospital, Galsworthy Road, Kingston, Surrey, KT2 7QB

Triage line: 020 8934 2802

Switchboard: 020 8546 7711

Day assessment unit: 020 8934 2358

Website: <http://www.kingstonmaternity.org.uk/>

Main hospital website: <http://www.kingstonhospital.nhs.uk>

Further information

If you would like this information in your own language, in large print, in Braille or audio tape please speak to a member of staff on the ward or in the department.

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www.kingstonhospital.nhs.uk

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